

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46603

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3245

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Clayton</u> 4452	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>937 S. Bemiston</u>		d. STREET ADDRESS <u>937yS. Bemiston</u>	
3. NAME OF DECEASED (Type or print) First <u>NELLE</u> Middle <u>ESTHER</u> Last <u>MARSHALL</u>		4. DATE OF DEATH <u>December 20th, 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 16, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Arrow Rock, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gervis P. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Crutcher</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Dorothy Marshall</u>		Address <u>937 S. Bemiston</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Pancreas</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>157X</u> DUE TO (c) <u>157X</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u> COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>June 15, 57</u> to <u>present</u> and last saw her alive on <u>Dec 19, 57</u> Death occurred at <u>927 Pennsylvania</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. K. Koenig MD</u> (Degree, county)		22b. ADDRESS <u>St. Louis</u>	
22c. DATE SIGNED <u>Dec 20/57</u>		22d. LOCATION (City, town, or county) <u>St. Louis</u> (State) <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/23/57</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Oak Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis</u> (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>C. R. Lupton &amp; Sons</u> ADDRESS <u>7233 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>12-23 57</u> REGISTRAR'S SIGNATURE <u>Herbert R. Danks MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

aac

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

40.1-2900  
11 to 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.